Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION PECOPS

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## 1272-7910 04 -- PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTITY (Column 1) (Column 2) TYPE [ **SMALL ENTITY** OR **TOTAL CLAIMS** FEE FEE RATE RATE OR BASIC FEE 355.00 **FOR NUMBER FILED** NUMBER EXTRA BASIC FEE 710.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X40= X80= OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL 71Ü TOTAL **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY** OR (Column 1) (Column 2) (Column 3) HIGHEST **CLAIMS** ADDI-ADDI-NUMBER REMAINING **PRESENT** RATE **TIONAL** RATE TIONAL **AFTER PREVIOUSLY EXTRA** ENDMENT MEE FEE **AMENDMENT** PAID FOR Total Minus X\$ 9= X\$18= OR Independent Minus X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR 10/28/02 TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-0 NUMBER REMAINING PRESENT TIONAL RATE RATE TIONAL **AMENDMENT PREVIOUSLY AFTER EXTRA** AMENDMENT PAID FOR FEE FEE 2,O **Total** ろ Minus X\$ 9= X\$18= OR Minus Independent X40 =X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR 10/30/03 TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL **AMENDMENT** RATE AFTER **PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE 20 **Total** Minus X\$ 9= X\$18= OR Independent Minus 2 860 X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**Application or Docket Number**